



DC Public Health Laboratory LabOnline User Agreement and Client Request Form

LabOnline is an online platform that provides authorized users the ability to order tests, track sample progression, and view, print and download results securely from testing conducted at the District of Columbia's Public Health Laboratory (DC PHL).

Please read this Terms of Use Agreement before requesting access to the LabOnline website, <https://phl-labonline.dc.gov>, operated by the District of Columbia Department of Forensic Sciences, Public Health Laboratory. The site is intended to facilitate electronic laboratory test ordering and reporting between the DC Public Health Laboratory and submitting facilities.

User Responsibility

As a user of the site, you are responsible for the content, material, and information you enter into the system. Your use of the site is limited based on your user access. You are not authorized to access, use, or disclose any content, material or information in the site that is not related to samples that you or your organization have submitted for testing. You are responsible for ensuring that access to patient and testing information through LabOnline is only provided to authorized medical personnel. You are responsible for ensuring that LabOnline is being used properly by your facility's users. You will communicate any employment status changes or any adjustments to user accounts needed to DC PHL.

The facility must review user access to LabOnline every 30 days. Unauthorized access, use, or disclosure of any content, material or information in the site can result in termination of your access to the site and referral to appropriate authorities. Your password is also your responsibility. It is always important to keep your password confidential. If you forget your username or password, please use the "forgot password" feature on the site or contact us at DFS-LabOnline@dc.gov.

The DC PHL reserves the right to change or replace these Terms of Use or to impose new conditions on the use of the site in which case it will post the revised Terms of Use and update the revision date to reflect the effective date of the changes. The DC PHL reserves the right to deny access to the site or any features of the site to anyone who violates these Terms of Use.

I have read the above LabOnline user agreement and agree to adhere to these requirements. By accepting the Terms of Use, I represent and agree: (i) that I am 18 years of age or older, (ii) to comply with these Terms, all applicable laws and regulations, (iii) to use the Site in accordance with these Terms, the Privacy Notice, and any additional term referenced herein; and (iv) that any content, material or information I submit through the Site will not violate the rights of, or cause injury to, any person or entity.

User Printed Name and Title

User Signature

Date



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LabOnline Request Form

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CLIA#: 09D0968273



Facility Access

***Required Information**

Would you like to request a virtual LabOnline training for your facility? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
LabOnline Access Type*	<input type="checkbox"/> Partial access- Test Ordering ONLY	<input type="checkbox"/> Full access- Test Ordering and Result/Report Access

Submitter Information

Name of Submitting Hospital, Laboratory, or other Facility*		HealthCare Provider NPI #*	
Health Care Provider*	Last Name*	First Name*	
Primary Person of Contact*			
Last name:		First Name:	
Address*	City*	State*	Zip*
Telephone #* (primary)	Secure Fax #*	Email*	

Testing- please select the clinical testing that your facility expects to be sending to DC PHL

MICROBIOLOGY/GENERAL BACTERIOLOGY	MOLECULAR
<input type="checkbox"/> OCME	<input type="checkbox"/> COVID-19 (NAAT)
<input type="checkbox"/> Referred Isolates	<input type="checkbox"/> Novel Influenza (PCR) ⁺
VIRAL CULTURE	<input type="checkbox"/> <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> (TMA)
<input type="checkbox"/> Respiratory DFA with Reflex to Viral Culture (SC2, Adenovirus, Respiratory Syncytial Virus, Influenza A, Influenza B, Parainfluenza 1,2, & 3)	<input type="checkbox"/> Mumps (PCR)
	<input type="checkbox"/> Measles Virus (PCR)+
<input type="checkbox"/> Middle East Respiratory Syndrome (MERS-CoV) (PCR) ⁺	<input type="checkbox"/> Zika Aptima assay (Zika NAAT) (TMA)
SEROLOGY	<input type="checkbox"/> CRE Surveillance (PCR)
<input type="checkbox"/> Measles Virus (IgG)+	<input type="checkbox"/> Flu SC2 Surveillance (PCR)
<input type="checkbox"/> SARS-CoV2 (IgG)+	<input type="checkbox"/> Gonococcal Isolate Surveillance Project (GISP)
TOXICOLOGY	<input type="checkbox"/> Zika Aptima assay (Zika NAAT) (TMA)
<input type="checkbox"/> Drug of Abuse Screening Panel (14 drug panel) §	
OTHER TESTS	
<input type="checkbox"/> Test Name (specify):	
+ DC Health must approve testing prior to sending any isolate or specimen to the Public Health Laboratory. § Call the Public Health Laboratory prior to sending any specimen.	

This section is for DC PHL use only

Printed Name and Title	Signature	Date
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